

CONSUMER INJURY REPORT

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TANNING FACILITY INFORMATION
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Name of Tanning Facility: _____

Registration Number: _____

Address: _____

Phone Number: _____

Operator on Duty: _____

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CONSUMER INFORMATION
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Date of Complaint: _____

Date of Injury: _____

Name of Affected Person: _____

Injury Type: _____

Duration of Tanning Exposure: _____

Name of Attending Physician: _____

Medical Attention Sought: _____

Treatment: _____

Other Related Comments: _____

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A copy of this report shall be sent to the agency within 5 WORKING DAYS after the occurrence to:

North Carolina Department of Health and Human Services
Division of Health Service Regulation
Radiation Protection Section
1645 Mail Service Center • Raleigh, North Carolina 27699-1645
<http://www.ncradiation.net>